

DRUG-INDUCED LIVER DISEASE

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Optimal Hematocrit

WHEN DO YOU give red cells? What is the optimal hematocrit for a sick patient? The answer is, of course, I do not know, but there are some indications. It ought to be higher in somebody who is going to face stress on the oxygen delivering system. It should certainly be higher in somebody who has impaired hemoglobin functions so that he cannot compensate. Somebody who has been extensively transfused with old stored blood has impaired red cells, and that patient is going to require a higher hematocrit than somebody who has not been extensively transfused or who has been given fresher blood. . . .

There are possibly some situations where you might get by or might even favor a lower hematocrit. . . . The most important factor on the side of lower hematocrit is low demand. If patients are not facing a disaster, if the hemorrhage is over, if they are doing well, if they are tolerating their level of anemia well for what they are doing at the time, then for heaven's sakes leave them alone—do not transfuse them. Transfusion carries with it a significant risk. . . . If the challenge is over, and the patient is doing well, do not treat a number, treat the patient. This business of having everybody at a hematocrit of 30 because somebody says that's the right number is a silly thing. An example might be a kid who has been speared in a hockey game, is 19 years old—a young, healthy buck—has a ruptured spleen, has a quick splenectomy before the blood arrives, is awake and alert and doing very well that evening in the recovery room, asking for the newspaper, and has a hematocrit of 19. That kid should not be transfused unless you think the tie is going to come off one of your vessels, in which case you should probably reoperate and put on the damn tie properly. Do not treat numbers—treat patients.

On the other hand, let us say we have a 72-year-old woman who had a perforated diverticulum, had pus and stool all over the abdomen. She had a myocardial infarction that was known three years ago; she has an electrocardiogram suggesting several others; she's been on digitalis; she came out of a nursing home depleted, and she has an hematocrit of 32. That patient requires red cells, especially if she's having ventricular premature contractions on the monitor. Just like everything else in clinical medicine, it has to be individualized.

—JOHN A. COLLINS, MD, *Palo Alto, California*

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